

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0016216

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 161 STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

| | | | |
|---|---|---|--|
| 1. PLACE OF BIRTH a. COUNTY <u>ST. FRANCOIS</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST. FRANCOIS</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FLAT RIVER, MO</u> | | c. CITY OR TOWN <u>FLAT RIVER, MO</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>AT Home</u> | | d. STREET ADDRESS (If outside, give location) <u>Fourth St.</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle <u>W.</u> Last <u>TUCKER</u> | | 4. DATE OF DEATH Month <u>APRIL</u> Day <u>15</u> Year <u>1964</u> | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>DEC 22, 1883</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u> | | 10b. KIND OF BUSINESS, OR INDUSTRY <u>Retired</u> | |
| 11a. FATHER'S NAME <u>George Tucker</u> | | 11b. MOTHER'S MAIDEN NAME <u>Louisa Umfleet</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u> | | 17. INFORMANT Address <u>MR. EUGENE TUCKER, Flat River, Mo</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myo cardial infarction</u> DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>Diabetes mellitus</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 MIN</u> <u>4-5 yrs.</u> <u>known 5 yrs.</u> | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>1957</u> to <u>April 15, 1964</u> and last saw him alive on <u>April 14, 1964</u> Death occurred at <u>5:30</u> A <u>m</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>J. I. Foster</u> (Degree or title) <u>MD</u> | | 22b. ADDRESS <u>Desloge, MO</u> | |
| 22c. DATE SIGNED <u>4-20-64</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>4/18/64</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN LEM.</u> | 23d. LOCATION (City, town, or county) (State) <u>Esther, MISSOURI</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>WALDWELL-SON'S FLAT River, MO.</u> | | 25. DATE RECD. BY LOCAL REG. <u>Apr. 25, 1964</u> | 26. REGISTRAR'S SIGNATURE <u>Esther Rudloff</u> |

Permit issued April 18, 1964

BE H003-11 77A

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Donald Dale Caldwell

Licensed Embalmer No.

5085

P. O. Address

Flat River, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.